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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Meoika	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture	Lukowych	
	identification to your meetin with the trustee.	Lukowych g Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2039	

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De	btor 1 Lukowych, Meoik	(a	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	Western Committee of the Committee of th	If Debtor 2 lives at a different address:			
		240 Robert Ct Apt 203 Glendale Heights, IL 60139-3736				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code County			
		DuPage County				
If al		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Det	Lukowych, Meoik	<u>a </u>			_	Case number (if known)				
Par										
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	■ Chapte	er 7							
		☐ Chapte	er 11							
		☐ Chapte	er 12							
		☐ Chapte	er 13							
8.	How you will pay the fee	abo	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.							
		☐ I ne	ed to pay	y the fee in installments. If your nstallments (Official Form 103A	u choose this opt	otion, sign and attach the <i>Application for Individuals to Pay</i> 7	The .			
		☐ I red not your	quest that required to r family size	t my fee be waived (You may o, waive your fee, and may do s ze and you are unable to pay the	request this option only if your income fee in installment	ion only if you are filing for Chapter 7. By law, a judge may, come is less than 150% of the official poverty line that applied ents). If you choose this option, you must fill out the Application of the literature of the second entry.	es to			
		<i>TO F</i>	ave the C	napter / Filing Fee Walved (O	iiciai Form 1036	B) and file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.								
			District		When	Case number				
			District		When	Case number				
			District		When	Case number	·-·-			
10.	Are any bankruptcy cases pending or being filed by	110								
	a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor			Relationship to you				
			District		When	Case number, if known				
			Debtor			Relationship to you				
			District		When	Case number, if known				
11.	Do you rent your residence?	■ No.	Go to I	ine 12.						
	i delugiica i	☐ Yes.	Has yo	our landlord obtained an eviction	n judgment aga	ainst you?				
				No. Go to line 12.						
				Yes. Fill out <i>Initial Statement A</i> bankruptcy petition.	lbout an Eviction	n Judgment Against You (Form 101A) and file it as part of t	his			

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Deb	tor 1 Lukowych, Meoik	a		Case number (if known)				
Par	Report About Any Bus	sinesses \	ou Own as a Sole Propriet	or				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.					
	340	☐ Yes.	Name and location of bus	siness				
	A sole proprietorship is a business you operate as an individual, and is not a		Name of business, if any					
	separate legal entity such as a corporation, partnership,							
	or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, Sta	te & ZIP Code				
	to this petition.		Check the appropriate bo	x to describe your business:				
			☐ Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as d)	efined in 11 U.S.C. § 101(53A))				
			☐ Commodity Broke	r (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above	1				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you indicate that you are a	sourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11				
	For a definition of small	■ No.	■ No. I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	Report if You Own or	Have Any	Hazardous Property or Any	Property That Needs Immediate Attention				
14.	Do you own or have any property that poses or is	■ No.						
	alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is the hazard?					
	safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code				
				manibor, duddy dity, date a sip dodd				

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Deb	otor 1	Lukowych, Meoik	a				Case number (if known)
Par	t 5:	Explain Your Efforts t	o Red	ceive a Briefing Abo	ut Credit Counseling		-
			Abo	ut Debtor 1:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell ti	he court whether	You	must check one:		You	u must check one:
	briefi coun:	nave received a ng about credit seling.		counseling agency	g from an approved credit within the 180 days before I by petition, and I received a letion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	receiv credit	w requires that you e a briefing about counseling before you bankruptcy. You		• •	certificate and the payment plan oped with the agency.	•	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	must the following	truthfully check one of llowing choices. If you at do so, you are not e to file.		counseling agency	g from an approved credit within the 180 days before I by petition, but I do not have a letion.	a	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	can di will los	file anyway, the court smiss your case, you se whatever filing fee		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	can b	aid, and your creditors egin collection les again.	s 🗆	services from an apunable to obtain the days after I made m	i for credit counseling oproved agency, but was ose services during the 7 ny request, and exigent it a 30-day temporary waiver		from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
				requirement, attach a efforts you made to o unable to obtain it be	emporary waiver of the a separate sheet explaining what obtain the briefing, why you were fore you filed for bankruptcy, an atances required you to file this	•	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
				case. Your case may be dis	smissed if the court is		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
				briefing before you fill If the court is satisfie still receive a briefing You must file a certifialong with a copy of the along with a copy of along with a copy of	d with your reasons, you must within 30 days after you file. icate from the approved agency, the payment plan you developed		If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
				if any. If you do not do so, your case may be dismissed.			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
				for cause and is limit	30-day deadline is granted only ted to a maximum of 15 days. o receive a briefing about secause of:		I am not required to receive a briefing about credit counseling because of:
				that makes m	al illness or a mental deficiency e incapable of realizing or mak ons about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
				to participate i	isability causes me to be unabl n a briefing in person, by phone internet, even after I reasonably	,	□ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
				Active duty. I am currently military comba	on active military duty in a at zone.		Active duty. I am currently on active military duty in a military combat zone.
					e not required to receive a briefin ling, you must file a motion for ling with the court.	g 	If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Lukowych, Meoik	a		Case numb	er (if known)		
Par	Answer These Questi	ons for Rep	porting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily individual primarily for a pe	consumer debts? Consumer debts are definersonal, family, or household purpose."	ned in 11 U.S.C.§ 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	owe that are not consumer debts or business	debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	oter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7 paid that funds will be avail	7. Do you estimate that after any exempt proper ilable to distribute to unsecured creditors?	ty is excluded and administrative expenses are		
	administrative expenses		■ No				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		5001-10,000	□ 50,001-100,000		
		100-19	9	1 0,001-25,000	☐ More than100,000		
		200-99	9				
19.	How much do you	\$0 - \$5	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
	Do Wordin	\$100,0	01 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion		
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
	Der	\$100,0	01 - \$500,000	☐ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion		
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
Par	7: Sign Below						
For	you	I have exa	mined this petition, and I de	eclare under penalty of perjury that the informat	tion provided is true and correct.		
		If I have co	hosen to file under Chapte de. I understand the relief a	er 7, I am aware that I may proceed, if eligible available under each chapter, and I choose to p	, under Chapter 7, 11,12, or 13 of title 11, Unite roceed under Chapter 7.		
		If no attorr have obtai	ney represents me and I did ned and read the notice red	d not pay or agree to pay someone who is not a quired by 11 U.S.C. § 342(b).	n attorney to help me fill out this document, I		
		I request r	relief in accordance with th	ne chapter of title 11, United States Code, spe	ecified in this petition.		
		-Lundersta case can i	nd making a false statementesultin fines up to \$2500	nt, concealing property, or obtaining money or p 00, or imprisonment for up to 20 years, or both.	property by fraud in connection with a bankruptcy . 18 U.S.C. §§ 152, 1341, 1519, and 3571.		
	· ·		Lukowych of Debtor 1	Signature of Debte	or 2		
		Executed		Executed on			
			MM / DD / YYYY	M	M / DD / YYYY		

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Debtor 1 Lukowych, Meoil	Ka	Cas	e number (if known)
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United State	es Code, and have explained	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in
If you are not represented by an attorney, you do not need to file this page.	which § 707(b)(4)(D) applies, certify that I have petition is incorrect.	e no knowledge after an inquii	ry that the information in the schedules filed with the
. •	/s/ Michael R. Richmond	Date	June 23, 2018
	Signature of Attorney for Debtor		MM / DD / YYYY
	Michael R. Richmond	·	
	Printed name		
	Heller & Richmond, Ltd.		
	Firm name		
	33 N Dearborn St Ste 1907		
	Chicago, IL 60602-3828		
	Number, Street, City, State & ZIP Code		
	Contact phone (312) 781-6700	Email address	mrichmond@hellerrichmond.com
	3124632		÷
	Bar number & State		

		Docume	ent Page 8 of 56		
Fill in	this information to identi	fy your case and this filing	g:		
Debtor 1	Meoika Lukowyo	:h			
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle Nesse	Loot Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS, EASTERN DIVISIO	N	
Case number					☐ Check if this is an
Odoc Hamber					amended filing
					ŭ
∩α: -: - I L	To man 400 A /D				
_	Form 106A/B				
Sched	ule A/B: Prop	erty			12/15
hink it fits best nformation. If r Answer every q	Be as complete and accura more space is needed, attach juestion.	te as possible. If two married a separate sheet to this form	ce. If an asset fits in more than on people are filing together, both are. On the top of any additional page:	e equally responsible for su	pplying correct
Part 1: Descr	ibe Each Residence, Building	g, Land, or Other Real Estate	You Own or Have an Interest In		
. Do you own	or have any legal or equitabl	e interest in any residence, bu	uilding, land, or similar property?		
■ No. Go to	Dort 2				
_					
☐ Yes. Whe	ere is the property?				
Part 2: Descr	ibe Your Vehicles				
B. Cars, vans □ No ■ Yes	, trucks, tractors, sport ut	ility vehicles, motorcycles			
3.1 Make:	Chevrolet	Who has an intere	est in the property? Check one		claims or exemptions. Put
Model:	Tahoe 1500 4WD	Debtor 1 only	St III the property : Check one	•	red claims on Schedule D: aims Secured by Property.
Year:	2005	Debtor 1 only			
		2000 Debtor 1 and De	ebtor 2 only	Current value of the entire property?	Current value of the portion you own?
Other in	nformation:		he debtors and another		
		_		£4.000.00	£4.000.00
		☐ Check if this is (see instructions)	community property	\$4,000.00	\$4,000.00
		(55555516110)			
Examples: E No Yes S Add the de you have	Soats, trailers, motors, personal and House	nal watercraft, fishing vessel	vehicles, other vehicles, and a s, snowmobiles, motorcycle access ries from Part 2, including any following items?	entries for pages	\$4,000.00 Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

Debtor		3-17922 Medika	Doc 1	Filed 06/25/18 Document	Entered 06/25/18 11:09:33 Page 9 of 56 Case number (if know	
_		i, wcorka				
■ \ 	es. Describe	misc h	ousehold g	goods and furnishin	gs	\$1,500.00
Exa	including c	cell phones, o	cameras, med	ia players, games	one, iphone 7, another old	ollections; electronic devices \$750.00
Exa	collections		paintings, print a, collectibles		s, pictures, or other art objects; stamp, coin,	or baseball card collections; other
Exa	instrument	otographic, ex		her hobby equipment; bic	ycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools; musical
I	<i>camples:</i> Pistols, rif	les, shotguns	s, ammunition	ı, and related equipment		
I	<i>camples:</i> Everyday	clothes, furs,	leather coats,	designer wear, shoes, a	ccessories	
= N	<i>camples:</i> Everyday j	jewelry, costu	ıme jewelry, er	ngagement rings, weddin	g rings, heirloom jewelry, watches, gems, go	old, silver
Ex ■ N	n-farm animals kamples: Dogs, cats No Yes. Describe	s, birds, hors	es			
	-		-	ı did not already list, ind	cluding any health aids you did not list	
				om Part 3, including an	y entries for pages you have attached fo	\$2,250.00
	Describe Your Fin					
Do you	u own or have any	/ legal or eq	uitable intere	est in any of the followi	ng?	Current value of the portion you own? Do not deduct secured claims or exemptions.
= N	<i>camples:</i> Money you	·	•	·	box, and on hand when you file your petition	1

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Document Debtor 1 Lukowych, Meoika 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Checking Account CHASE** \$200.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) or Similar Plan 401 K Fidelity unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them...

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Doc 1

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Desc Main

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Deb	otor 1	Lukowych, Me	oika			Case number (if known)	
Moi	ney or	property owed to y	ou?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you					
_	■ No □ Yes.	Give specific informa	ation ab	out them, inclu	uding whether you already	filed the returns and the tax years	
	Examp ■ No	support bles: Past due or lum Give specific informa			usal support, child suppo	rt, maintenance, divorce settlement, property s	settlement
•	Examp ■ No	amounts someone oles: Unpaid wages, unpaid loans y	disabilit ou mad	y insurance pa		s, sick pay, vacation pay, workers' compensati	on, Social Security benefits;
31.	Interes	ts in insurance pol	icies	insurance; he	ealth savings account (HS	A); credit, homeowner's, or renter's insurance	
	□ Yes.	Name the insurance		ny of each pol pany name:	icy and list its value.	Beneficiary:	Surrender or refund value:
•	If you a died. No		a living		someone who has died proceeds from a life insur	rance policy, or are currently entitled to receive p	property because someone has
_	<i>Examp</i> ■ No		loymen		rou have filed a lawsuit surance claims, or rights	or made a demand for payment to sue	
I	No	contingent and unli	•	ed claims of e	every nature, including	counterclaims of the debtor and rights to s	et off claims
	No	ancial assets you of Give specific inform		already list			
	Add t	he dollar value of a	all of yo		, ,	y entries for pages you have attached for	\$200.00
Part	5: De	scribe Any Business	-Related	Property You	Own or Have an Interest I	n. List any real estate in Part 1.	
		-			in any business-related pr	-	
	-	to Part 6.	i or equi	itable interest i	in any business-related pr	operty:	
		Go to line 38.					
Part		scribe Any Farm- and ou own or have an inte			Related Property You Owr	n or Have an Interest In.	

Official Form 106A/B Schedule A/B: Property page 4

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

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Case number (if known) Document Debtor 1 Lukowych, Meoika ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership $\hfill \square$ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$4,000.00 57. Part 3: Total personal and household items, line 15 \$2,250.00 Part 4: Total financial assets, line 36 58. \$200.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$6,450.00 Copy personal property total \$6,450.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$6,450.00

Official Form 106A/B Schedule A/B: Property page 5

			Document	F	Page 13 of 56	_						
	Fill in thi	s information to identify y	our case:									
De	btor 1	Meoika Lukowych										
_	la tara O	First Name	Middle Name	L	ast Name	}						
	btor 2 ouse if, filing)	First Name	Middle Name	L	ast Name							
Un	ited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT OF	ILLIN	OIS, EASTERN DIVISION							
	se number _ nown)						Check if this is an amended filing					
Οſ	fficial Fo	rm 106C										
			perty You Cla	im	as Exempt		4/16					
orop out	perty you listed	on Schedule A/B: Property	(Official Form 106A/B) as yo	ur sou	r, both are equally responsible for su urce, list the property that you claim a ary. On the top of any additional page	as exempt. If	more space is needed, fill					
spe app fund to a	cific dollar an licable statuto ds—may be u	nount as exempt. Alternations limit. Some exemption nlimited in dollar amount. Ilar amount and the value	vely, you may claim the fu s—such as those for healt However, if you claim an e	II fair h aid: exemp	unt of the exemption you claim. On market value of the property beins, rights to receive certain benefingtion of 100% of fair market valued exceed that amount, your exemption of 100% of the context of	ng exempted ts, and tax-e under a law	d up to the amount of any xempt retirement that limits the exemption					
Pa	rt 1: Identif	y the Property You Claim	as Exempt									
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.											
	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)											
	_	G	. , .		3 - (-)(-)							
2	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.											
۷.		• •	•	•		0	d d d					
		on of the property and line or that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific la	ws that allow exemption					
		ehold goods and	\$1,500.00	•	\$1,500.00	735 ILC	S 5/12-1001(b)					
	furnishings Line from Sch	edule A/B: 6.1			100% of fair market value, up to any applicable statutory limit							
		box TVs, Samsung ce one 7, another old cell			\$750.00	735 ILC	S 5/12-1001(b)					
	phone, ipa				100% of fair market value, up to any applicable statutory limit							
	CHASE	nedule A/B: 17.1	\$200.00		\$200.00	735 ILC	S 5/12-1001(b)					
	Line from Go.	oddio 702. TTT			100% of fair market value, up to any applicable statutory limit							
	401 K Fidel	_	Unknown			735 ILC	S 5/12-1006					
	LINE HOM SCA	nedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit							
3.	(Subject to ad	justment on 4/01/19 and eve		s filed	on or after the date of adjustment.) 5 days before you filed this case?							

Yes Official Form 106C

No

Ouc	00 10 17 022	Documen	t Page 14	of 56	00.01 00001	Tani
Fill in this	information to iden					
Debtor 1	Meoika Lukowy	vch				
	First Name	Middle Name	Last Name)	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Banl	kruptcy Court for the	: NORTHERN DISTRICT C	OF ILLINOIS, EASTE	ERN DIVISION		
Case number(if known)					. –	if this is an ded filing
Official Form	106D					
		s Who Have Clain	ne Socurod	Lby Proporty		12/15
3CHedule L	J. Creditors	WIIO Have Clair	iis secured	i by Propert	у	12/15
		If two married people are filing to t, number the entries, and attach				
. Do any creditors h	ave claims secured b	y your property?				
□ No. Check t	his box and submit th	nis form to the court with your ot	her schedules. You h	nave nothing else to re	port on this form.	
Yes. Fill in a	all of the information b	pelow.				
Part 1: List All	Secured Claims					
for each claim. If mo	re than one creditor has	more than one secured claim, list the sa particular claim, list the other creical order according to the creditor	editors in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion
2.1 Onemain		Describe the property that sec	cures the claim:	\$5,438.00	\$4,000.00	If any \$1,438.00
Creditor's Name		2005 Chevrolet Tahoe 1	1500 4WD		· · · ·	
PO Box 10 Evansville 47706-1010 Number, Street, 0	, IN	As of the date you file, the clai apply. Contingent Unliquidated	im is: Check all that			
		☐ Disputed				
Who owes the deb	t? Check one.	Nature of lien. Check all that a				
Debtor 1 only			ch as mortgage or secu	ired		
☐ Debtor 2 only ☐ Debtor 1 and Deb	tor 2 only	Ctatutanulian (ayah aa tay lia	n maahaniala lian)			
	e debtors and another	☐ Statutory lien (such as tax lie ☐ Judgment lien from a lawsuit				
☐ Check if this clai		Other (including a right to offs				
community deb		3				
Date debt was incur	red 2016-02	Last 4 digits of account	number 2032			
		_				
Add the dollar value	of your entries in Co	lumn A on this page. Write that n	number here:	\$5,438	.00	
		ne dollar value totals from all pag	jes.	\$5,438		
Write that number h	ere:			73,333		
Part 2: List Othe	ers to Be Notified fo	r a Debt That You Already Lis	sted			
trying to collect fror than one creditor fo	n you for a debt you o	oe notified about your bankruptcy owe to someone else, list the creet t you listed in Part 1, list the addi nis page.	ditor in Part 1, and the	en list the collection ag	ency here. Similarly, if y	ou have more
Name, Number	er, Street, City, State &	. •	On whic	h line in Part 1 did you ei	nter the creditor? 2.1	
Onemain Attn: Banl 601 NW 2i	kruptcy		Last 4 di	igits of account number _	2032	

Evansville, IN 47708-1013

Fill in this information to identify your case:	
Fill in this information to identify your case.	
Debtor 1 Meoika Lukowych	
First Name Middle Name Last Name	
Debtor 2 First Name Middle Name Last Name	
•	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EAS	TERN DIVISION
Case number	
(if known)	☐ Check if this is an
	amended filing
Official Form 106E/F	
Schedule E/F: Creditors Who Have Unsecured Claims	12/15
the as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and my executory contracts or unexpired leases that could result in a claim. Also list executory inchedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include by Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part yield Continuation Page to this page. If you have no information to report in a Part, do not file to assent number (if known).	contracts on Schedule A/B: Property (Official Form 106A/B) and on any creditors with partially secured claims that are listed in Schedule ou need, fill it out, number the entries in the boxes on the left. Attach
Part 1: List All of Your PRIORITY Unsecured Claims	
1. Do any creditors have priority unsecured claims against you?	
No. Go to Part 2.	
☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims	
3. Do any creditors have nonpriority unsecured claims against you?	
	adulas.
☐ No. You have nothing to report in this part. Submit this form to the court with your other sch	edules.
Yes.	
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who unsecured claim, list the creditor separately for each claim. For each claim listed, identify what than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than 2.	type of claim it is. Do not list claims already included in Part 1. If more
	Total claim
4.1 Advance America Last 4 digits of account number	\$500.00
Nonpriority Creditor's Name Cash Advance Centers of IL Inc 446 N. Mannheim Hillside, IL 60162 When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one. As of the date you file, the claim	is: Check all that apply
■ Debtor 1 only	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecure	ed claim:
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a sep Is the claim subject to offset? report as priority claims	aration agreement or divorce that you did not
■ No □ Debts to pension or profit-shari	ng plans, and other similar debts
☐ Yes ☐ Other. Specify	

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Case number (if know) Debtor 1 Lukowych, Meoika 4.2 \$162.00 **Adventist Health Partners** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 7001 Bolingbrook, IL 60440-7001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Aes/Barclays Bank Plc Last 4 digits of account number 0002 \$7,254.00 Nonpriority Creditor's Name When was the debt incurred? 2007-10 PO Box 61047 Harrisburg, PA 17106-1047 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Installment account 4.4 Aes/Barclays Bank Plc Last 4 digits of account number 0001 \$4,372.00 Nonpriority Creditor's Name When was the debt incurred? 2007-10 PO Box 61047 Harrisburg, PA 17106-1047 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment account ☐ Yes

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Case number (f know)

Debtor 1 Lukowych, Meoika 4.5 \$582.80 COMCAST Last 4 digits of account number 3375 Nonpriority Creditor's Name When was the debt incurred? P O BOX 3002 **SOUTHEASTERN, PA 19398-3002** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Last 4 digits of account number 0964 **Covergent Outsourcing** \$486.98 Nonpriority Creditor's Name When was the debt incurred? 800 SW 39th St Renton, WA 98057-4975 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 **DIRECT TV** Last 4 digits of account number \$343.18 5859 Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 9001069 **LOUSIVILLE, KY 40290** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Lukowych, Meoika Case number (if know) 4.8 \$962.49 Dish Last 4 digits of account number 7677 Nonpriority Creditor's Name When was the debt incurred? PO Box 94063 Palatine, IL 60094-4063 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 Dr. Lousi Sanfilippo Last 4 digits of account number \$110.00 Nonpriority Creditor's Name When was the debt incurred? 1250 W Lake St Ste 16 Addison, IL 60101-5744 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.10 **DUPAGE Dental Care** Last 4 digits of account number \$596.00 Nonpriority Creditor's Name When was the debt incurred? 206 N Gary Ave Carol Stream, IL 60188-1834 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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1 Lukowych, Meoika		Case number (if know)	
Efs Finance Nonpriority Creditor's Name	Last 4 digits of account number	0004	\$10,354.00
Nonpholity Creditors Name	When was the debt incurred?	2008-10	
PO Box 61047			
Harrisburg, PA 17106-1047 Number Street City State Zlp Code	As of the date you file, the claim	is. Chock all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	S. Olleck all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Installment	account	
Efs Finance	Last 4 digits of account number	0003	\$4,262.00
Nonpriority Creditor's Name	- When we also debt in some dO	2000.40	
PO Box 61047	When was the debt incurred?	2008-10	
Harrisburg, PA 17106-1047			
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	• •	
Yes	Other. Specify Installment	account	
Fingerhut Direct Mrkting	Last 4 digits of account number	9003	\$1,523.00
Nonpriority Creditor's Name	- When we die debt in some do	0040.40	
6250 Ridgewood Rd Saint Cloud, MN 56303-0820	When was the debt incurred?	2016-12	
Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.	•		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	2	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other Specify Open acco	unt	

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^{r 1} Lukowych, Meoika	Case number (f know)	
First Financial Credit Nonpriority Creditor's Name	Last 4 digits of account number 3500	\$5,853.00
	When was the debt incurred? 2015-06	
2942 W Peterson Ave		
Chicago, IL 60659-3810 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	lacksquare Obligations arising out of a separation agreement or divorce that you did	not
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Revolving account	<u></u>
First Premier Bank	Last 4 digits of account number 7524	\$688.00
Nonpriority Creditor's Name	When was the debt incurred? 2012-03	
601 S Minnesota Ave	when was the dept incurred? 2012-03	
Sioux Falls, SD 57104-4824		
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did	not
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Revolving account	
First Premier Bank	Last 4 digits of account number 3578	\$294.00
Nonpriority Creditor's Name	When was the debt incurred? 2005 03	
601 S Minnesota Ave Sioux Falls, SD 57104-4824	When was the debt incurred? 2005-03	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did	not
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify Revolving account	

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Case number (fr know)

Deblo	Lukowych, weolka		Se number (if know)	
4.17	Fox Valley	Last 4 digits of account number 57	792	\$209.03
	Nonpriority Creditor's Name	When was the debt incurred?		
	3535 E New York St Aurora, IL 60504-4465			
	Number Street City State Zlp Code	As of the date you file, the claim is: Cl	heck all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured cla	im:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separatio report as priority claims	n agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing pla	ns, and other similar debts	
	□Yes	_		
4.18	GLV, Inc.	Last 4 digits of account number		\$3,701.12
	Nonpriority Creditor's Name	_		Ψο,ιοιιιΣ
	5-0.11.0.111.0	When was the debt incurred?		
	579 N Oakhurst Dr Aurora, IL 60502-9080			
	Number Street City State Zlp Code	As of the date you file, the claim is: Cl	heck all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cla	im:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separatio	n agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	· ,	
	■ No	Debts to pension or profit-sharing pla	ns, and other similar debts	
	Yes	Other. Specify		
4.19	Meier Clinics	Last 4 digits of account number 03	385	\$776.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	2100 Manchester Rd # 1510 Wheaton, IL 60187-4561	When was the debt incurred? 20	016-09	
	Number Street City State ZIp Code	As of the date you file, the claim is: Cl	heck all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cla	im:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separatio	n agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing pla		
	□ v _{os}	Onen account		

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Case number (fr know)

Deblo	Lukowych, weolka	Case number (it know)	
4.20	Sacred Heart Catholic School	Last 4 digits of account number	\$700.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	114 S Elizabeth St Lombard, IL 60148-2508		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
]			
4.21	Spirit Martial Arts Nonpriority Creditor's Name	Last 4 digits of account number	\$1,200.00
	Nonpholity Orealton's Name	When was the debt incurred?	
	322 E Army Trail Rd		
	Glendale Heights, IL 60139-1757 Number Street City State Zlp Code	As of the data you file the plain in Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	_	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes		
	□ Yes	Other. Specify	
4.22	ST. FRANCIS High School Nonpriority Creditor's Name	Last 4 digits of account number	\$3,000.00
	Nonphonty Creditor's Name	When was the debt incurred?	
	2130 W Roosevelt Rd Wheaton, IL 60187-6085		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ ves	Other Consists	

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Case number (if know) Debtor 1 Lukowych, Meoika 4.23 \$2,318.38 The Payday Loan Store Last 4 digits of account number 04CI Nonpriority Creditor's Name When was the debt incurred? 1527 W North Ave Melrose Park, IL 60160-1316 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.24 US Dept of Ed/Glelsi Last 4 digits of account number 8581 \$49,381.00 Nonpriority Creditor's Name When was the debt incurred? 2009-10 PO Box 7860 Madison, WI 53707-7860 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Installment account 4.25 Last 4 digits of account number \$722.00 Westlake Emerg Room Providers 4262 Nonpriority Creditor's Name When was the debt incurred? 2015-05 2000 Spring Rd Ste 200 Oak Brook, IL 60523-1956 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Open account ☐ Yes

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Debtor 1 Lukowych, Meoika Case number (if know) 4.26 \$1,148.00 westlake hospital Last 4 digits of account number 1197 Nonpriority Creditor's Name When was the debt incurred? PO Box 830913 Birmingham, AL 35283-0913 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.27 Last 4 digits of account number Wheaton Eye Clinic 9278 \$192.42 Nonpriority Creditor's Name When was the debt incurred? 2015 N Main St Wheaton, IL 60187-3152 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Aes/Barclays Bank Plc Line **4.3** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Attn: Bankruptcy Dept** ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 2461 Harrisburg, PA 17105-2461 Last 4 digits of account number 0002 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Aes/Barclays Bank Plc Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 2461 Harrisburg, PA 17105-2461 Last 4 digits of account number 0001 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Aes/Efs Finance Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 2461 Harrisburg, PA 17105-2461 Last 4 digits of account number 0004

Debtor 1 Lukowych, Meoika	Document Pag	e 25 07 56 Case number (f know)	
Name and Address	On which entry in Part 1 or Part 2 di		
Aes/Efs Finance	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Attn: Bankruptcy PO Box 2461		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Harrisburg, PA 17105-2461			
.	Last 4 digits of account number	0003	
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?	
American Credit Bureau	Line 4.19 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
2755 S Federal Hwy		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Boynton Beach, FL 33435-7765	Last 4 digits of account number	0385	
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?	
American Credit Bureau, Inc.	Line 4.19 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
1200 N Federal Hwy Ste 200		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Boca Raton, FL 33432-2813	Last 4 digits of account number	0385	
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?	
American Credit Systems	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
400 Lake St # 111 Roselle, IL 60172-3574		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Noselle, IL 00172-3374	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?	
CBE GROUP	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
1309 Technology Pkwy Cedar Falls, IA 50613		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Cedai Falls, IA 30013	Last 4 digits of account number	5859	
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?	
Cda/Pontiac	Line 4.25 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Attn: Bankruptcy PO Box 213		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Streator, IL 61364-0213			
	Last 4 digits of account number	4262	
Name and Address	On which entry in Part 1 or Part 2 di		
Creditors Discount & A 415 E Main St	Line <u>4.25</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Streator, IL 61364-2927		■ Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	4262	
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?	
First Premier Bank	Line 4.15 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
PO Box 5524 Sioux Falls, SD 57117-5524		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	7524	
Name and Address	On which entry in Part 1 or Part 2 di		
First Premier Bank PO Box 5524	Line 4.16 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Sioux Falls, SD 57117-5524		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	3578	
Name and Address	On which entry in Part 1 or Part 2 di	· _ •	
Jefferson Capital Syst	Line 4.13 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
16 McLeland Rd Saint Cloud, MN 56303-2198		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	9003	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Jefferson Capital Systems, LLC	Line 4.13 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
PO Box 1999 Saint Cloud, MN 56302-1999		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	9003	

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Debtor 1 Lukowych, Meoika		Case number (f know)	
Name and Address MERCHANTS CREDIT GUIDE	On which entry in Part 1 or Part 2 of Line 4.2 of (<i>Check one</i>):	did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims	
223 W. JACKSON BLVD Chicago, IL 60606	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address US Deptartment of Education/Great	On which entry in Part 1 or Part 2 or Line 4.24 of (<i>Check one</i>):	did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims	
Lakes Attn: Bankruptcy PO Box 7860 Modicon, WI 52707 7860		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Madison, WI 53707-7860	Last 4 digits of account number	8581	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims	CI-	Towns and and in other debts were sensitive accomment	CI-	_	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	۰,	- · · · ·	۰,		Total Claim
Total claims	6f.	Student loans	6f.	\$	0.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	101,691.40
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	101,691.40

		Docume	ni Page // 0156		
Fill in th	is information to identi	fy your case:			
Debtor 1	Meoika Lukowyc	h			
	First Name	Middle Name	Last Name)	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISIO	N	
Case number (if known)					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.4					
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

		Docume	nt Page 28 of	56	
Fil	I in this information to identi	fy your case:			
Debtor 1	Meoika Lukowyo				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN	DIVISION	
Case numl	per				
(if known)					Check if this is an amended filing
	. =				amonada ming
	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
nd numbe ase numb		the left. Attach the Addition	onal Page to this page. (e space is needed, copy the Ado On the top of any Additional Pag a codebtor.	
■ No					
☐ Yes					
Califor	nia, Idaho, Louisiana, Nevada			(Community property states and Wisconsin.)	territories include Arizona,
_	Go to line 3. Did your spouse, former spou	ise, or legal equivalent live wi	th you at the time?		
line 2	again as a codebtor only if the Schedule E/F (Official Form	hat person is a guarantor d	or cosigner. Make sure	your spouse is filing with you. L you have listed the creditor on S Schedule D, Schedule E/F, or S	Schedule D (Official Forn
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The creditor to whe Check all schedules that apply	
3.1				☐ Schedule D, line	
	Name			Schedule E/F, line	<u> </u>
				☐ Schedule G, line	
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line ☐ Schedule G, line ☐	<u>—</u>
-	Number Street				

State

City

ZIP Code

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Fill	in this information to identify your cas	se:				l				
Deb	otor 1 Meoika Luko	wych			_					
	otor 2									
Uni	ted States Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS, EA	ASTERN						
	se number own)		-			□ A		ed filing	g postpetition o	chapter 13
<u>O</u> 1	fficial Form 106I					N	IM / DD/ \	/YYY		
S	chedule I: Your Inco	me								12/1
	t1: Describe Employment Fill in your employment information.						ber (if kn	own). Ans		
	If you have more than one job, attach a separate page with information about additional employers.		■ Employed				☐ Empl		<u> </u>	
		Employment status	☐ Not employed	l				mployed		
		Occupation	customer serv	vice						
	Include part-time, seasonal, or self-employed work.	Employer's name	Aramark Serv	ices, Inc	•					
	Occupation may include student or homemaker, if it applies.	Employer's address	1101 Market S Philadelphia,		7-29	34				
		How long employed th	nere? <u>7 yea</u>	rs			_			
Par	t 2: Give Details About Mont	hlv Income								
	mate monthly income as of the dat ss you are separated.		ou have nothing to re	eport for an	ıy line	e, write \$0	in the spa	ace. Include	e your non-filir	ng spouse
If you spac	u or your non-filing spouse have more e, attach a separate sheet to this form	than one employer, comb n.	bine the information	for all empl	oyers	s for that p	oerson on	the lines be	elow. If you ne	eed more
						For Deb	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca	r, and commissions (be lculate what the monthly v	fore all payroll wage would be.	2.	\$	3,	936.77	\$	N/A	
3.	Estimate and list monthly overting	ne pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add line	2 + line 3.		4.	\$	3,93	36.77	\$	N/A	

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Deb	tor 1	Lukowych, Meoika	_	(Case	number (if kr	own)				
						Debtor 1		non-	Debtor 2 filing sp		
	Cop	by line 4 here	4.		\$_	3,936	5.77	\$		N/A	_
5.	List	t all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	590	.83	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		7.14	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$	303	3.50	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l.	\$_	C	0.00	\$		N/A	_
	5e.	Insurance	5e	:	\$	345	5.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		N/A	_
	5g.	Union dues	5g		\$_		0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h	1.+	\$_		0.00	+ \$		N/A	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,266	.47	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,670	.30	\$		N/A	_
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	L	\$	C	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$-		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c	:.	\$		0.00	\$		N/A	-
	8d.	Unemployment compensation	8d	١.	\$	C	0.00	\$	-	N/A	_
	8e.	Social Security	8e	:	\$_	C	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_	C	0.00	\$		N/A	
	8g.	Pension or retirement income	8g		\$_		00.0	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	1.+	\$_		0.00	+ \$		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	C	.00	\$		N/A	A
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		2,670.30	+ \$		N/A	= \$ _	2,670.30
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avecify:	lepende				•		ule J. 11.	+\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain							L	\$	2,670.30
13.	Do	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?								y income

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Fill in this info	ormation to identify your case:			
Debtor 1	Meoika Lukowych		Check if this is: An amended filing	1
Debtor 2 (Spouse, if filin	(na)	1 =	_ `	wing postpetition chapter 13
	Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN EASTERN DIVISION	OIS,	MM / DD / YYYY	e following date.
Case number (If known)	<u> </u>			
	Form 106J			
	ule J: Your Expenses			12/1
information. (if known). A	lete and accurate as possible. If two married people are If more space is needed, attach another sheet to this formula to the second of the se			
	a joint case?			
	Go to line 2. Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Householdof De	ebtor 2.	
2. Do you	have dependents?			
Do not I Debtor 2	ist Debtor 1 and 2. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	state the	Davishtan	47	□ No
depende	ents names.	Daughter	17	_ Yes □ No
		son	15	■ Yes
				□ No
				_ □ Yes □ No
				Yes
expense	r expenses include es of people other than If and your dependents?			
Estimate you	stimate Your Ongoing Monthly Expenses ur expenses as of your bankruptcy filing date unless your of a date after the bankruptcy is filed. If this is a suppleate.			
	enses paid for with non-cash government assistance if th assistance and have included it on Schedule I: Your I m 106l.)		Your ex	penses
	ntal or home ownership expenses for your residence. In ts and any rent for the ground or lot.	clude first mortgage	J. \$	0.00
If not in	ncluded in line 4:			
4a. R	Real estate taxes	48	a. \$	0.00
4b. P	Property, homeowner's, or renter's insurance		o. \$	0.00
	lome maintenance, repair, and upkeep expenses lomeowner's association or condominium dues		c. \$ i. \$	0.00
	nal mortgage payments for your residence, such as hon		5. \$	0.00

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Dep	tor 1 Lukov	vych, Meoika	Jase num	ber (if known)	
6.	Utilities:				
٥.		ity, heat, natural gas	6a.	\$	0.00
		sewer, garbage collection	6b.	· ·	0.00
	•	one, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d. Other. S		6d.	·	0.00
7.		usekeeping supplies	- 7.	· · · · · · · · · · · · · · · · · · ·	0.00
8.		d children's education costs	8.	\$	0.00
9.		ndry, and dry cleaning	9.	\$	
	-		9. 10.	·	0.00
		e products and services		\$	0.00
11.		dental expenses	11.	\$	0.00
12.		on. Include gas, maintenance, bus or train fare.	12.	\$	0.00
13.		e car payments. It, clubs, recreation, newspapers, magazines, and books	13.		0.00
		ontributions and religious donations	14.	·	
		minibulions and religious donations	14.	Φ	0.00
15.	Insurance.	e insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insi		15a.	\$	0.00
	15b. Health i		15b.		0.00
	15c. Vehicle		15c.	·	0.00
		nsurance. Specify:	15d.	·	
40				Ψ	0.00
10.	Specify:	include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.	· · · —	r lease payments:		•	
		ments for Vehicle 1	17a.	\$	0.00
	17b. Car pay	ments for Vehicle 2	17b.	\$	0.00
	17c. Other. S	Specify:	17c.	\$	0.00
	17d. Other. S		17d.	\$	0.00
18.		nts of alimony, maintenance, and support that you did not report as		Φ.	
4.0		m your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
19.		nts you make to support others who do not live with you.	4.0	\$	0.00
00	Specify:	annut annuan an timeladed in lines 4 an F of this forms on an Calcada	19.	!	
20.		operty expenses not included in lines 4 or 5 of this form or on Schedu ges on other property	16 1: YOU 20a.		0.00
		• • •			
	20b. Real es		20b.		0.00
		y, homeowner's, or renter's insurance	20c.		0.00
		nance, repair, and upkeep expenses	20d.	·	0.00
		wner's association or condominium dues	20e.	·	0.00
21.	Other: Specify	y:	21.	+\$	0.00
22.	Calculate you	ur monthly expenses			
	-	s 4 through 21.		\$	0.00
		e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	. ,	22a and 22b. The result is your monthly expenses.		\$	0.00
					<u> </u>
23.	-	ur monthly net income.			
		ne 12 (your combined monthly income) from Schedule I.	23a.		2,670.30
	23b. Copy yo	our monthly expenses from line 22c above.	23b.	-\$	0.00
	220 Cubtros	at your monthly expenses from your monthly income			
		ct your monthly expenses from your monthly income. Sult is your monthly net income.	23c.	\$	2,670.30
		•			•
24.		ct an increase or decrease in your expenses within the year after you f			
	For example, do	you expect to finish paying for your car loan within the year or do you expect your n			or decrease because of a
		he terms of your mortgage?			
	No.				
	☐ Yes.	Explain here:			

Fill in this in	nformation to identify ye	our case:	-		
Debtor 1	Meoika Lukowyc	h			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Middle Name	Last Name		
	inkruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS, EASTERN DIVIS	SION	
Case number (if known)					☐ Check if this is an amended filing
Official Form		an Individual I	Debtor's Sche	dules	12/15
					12/13
obtaining money years, or both. 18	s form whenever you fi or property by fraud in 8 U.S.C. §§ 152, 1341, 19 n Below	le bankruptcy schedules or n connection with a bankrup 519, and 3571.	amended schedules. Makin htcy case can result in fines	g a false statement, c up to \$250,000, or im	oncealing property, or prisonment for up to 20
Did you pay	y or agree to pay some	one who is NOT an attorney	to help you fill out bankru	otcy forms?	
■ No					
☐ Yes. N	Name of person				Petition Preparer's Notice, Signature (Official Form 119)
X Meoika Signatur	e true and correct. A Lukowych re df Debtor 1	that I have read the summan	Signature of Debto		
Date _	June 23, 2018		Date		

Page 34 of 56 Document Fill in this information to identify your case: Debtor 1 Meoika Lukowych Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION United States Bankruptcy Court for the: Case number (if known)

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,450.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,450.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	5,438.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	101,691.40
	Your total liabilities	\$	107,129.40
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	2,670.30
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	0.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your oth	ner schedu	les.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.	ersonal, far	nily, or household

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Page 35 of 56 Case number (if known) Debtor 1 Lukowych, Meoika

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,306.25 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Bort 4 on Colombia E/E against a fall and an	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

										
_		information to identi	• •							
De	ebtor 1	Meoika Lukowy First Name	Middle Name	Last Name	 }					
	btor 2	First Name	Middle None	Look Name						
	ouse if, filing)	First Name	Middle Name	Last Name						
Un	ited States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN D	VISION					
	se number					Check if this is an amended filing				
St		of Financial	Affairs for Indivi	<u>_</u>	<u>. </u>	4/16				
info	rmation. If mo				equally responsible for sup y additional pages, write you					
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before						
1.	What is your	current marital statu	s?							
	☐ Married ☐ Not marr	ied								
2.	During the la	ouring the last 3 years, have you lived anywhere other than where you live now?								
	□ No ■ Yes. List	□ No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pri	or Address:	Dates Debtor 1 there	lived Debtor 2 Prior A	Address:	Dates Debtor 2 lived there				
	1431 S 19t Maywood,	h Ave IL 60153-1724	From-To: 2013 to 2015	☐ Same as Debto	or 1	Same as Debtor 1 From-To:				
	es and territorie No Yes. Mak	s include Arizona, Cal	ifornia, Idaho, Louisiana, Nev	/ada, New Mexico, Puerto F	nity property state or territor Rico, Texas, Washington and N					
4.	Fill in the total	amount of income yo	nployment or from operatin u received from all jobs and a ave income that you receive to	all businesses, including par		ndar years?				
	□ No ■ Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions				
				exclusions)		and exclusions)				
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$21,803.64	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

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Debtor '	<u>Lu</u>	kowych, i	<u>Meoika</u>		Case	e number (if known)	
				Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		dar year: December :	31, 2017)	■ Wages, commissions, bonuses, tips	\$47,963.00	☐ Wages, commiss bonuses, tips	ions,
				☐ Operating a business		☐ Operating a busing	ness
Incl othe you	ude inc er publi are fili	come regardl c benefit pay ng a joint cas	ess of whethe ments; pensi se and you ha		ples of other income are alime idends; money collected from gether, list it only once under [lawsuits; royalties; and Debtor 1.	al Security, unemployment, an gambling and lottery winnings. I
		ource and ti	ie gross iricoi	ne nom each source separater	y. Do not include income that	you listed in line 4.	
	No Yes.	Fill in the de	tails.				
				Debtor 1 Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
		1 of currer iled for ban		pension distrtibution	\$500.00		
				child support	\$292.00		
		dar year: December (31, 2017)	pension distribution	\$13,500.00		
	• .			child support	\$1,200.00		
		lar year bei December :		child support	\$1,500.00		
Part 3:	List	Certain Pa	yments You	Made Before You Filed for E	Bankruptcy		
6. Are	either No.	Neither De	btor 1 nor D	s debts primarily consumer ebtor 2 has primarily consur personal, family, or household	mer debts. Consumer debts	are defined in 11 U.S.C.	§ 101(8) as "incurred by an
		During the No.	90 days befor	re you filed for bankruptcy, did	you pay any creditor a total of	\$6,425* or more?	
		□ Yes	List below e creditor. Do	each creditor to whom you paid on not include payments for don	nestic support obligations, su		nd the total amount you paid tha I alimony. Also, do not include
		* Subject		o an attorney for this bankrupto on 4/01/19 and every 3 years a		after the date of adjustm	nent.
	Yes.			r both have primarily consure you filed for bankruptcy, did		\$600 or more?	
		■ No.	Go to line 7	·.			
		□ Yes					that creditor. Do not include ude payments to an attorney for
C'n	editor	s Name and	l Address	Dates of payme	nt Total amount	Amount you Wa	as this payment for

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Deb	tor 1	Lukowych, Meoika		Case	e number (if known)		
7.	<i>Inside</i> which	in 1 year before you filed for bankru ers include your relatives; any general p n you are an officer, director, person in d less you operate as a sole proprietor. 11	artners; relatives of any gener control, or owner of 20% or mo	al partners; partnership ore of their voting secur	os of which you are rities; and any man	e a general partner; aging agent, includ	ling one for a
	_	No Yes. List all payments to an insider.					
	insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this	payment
3.	insid	in 1 year before you filed for bankru er? de payments on debts guaranteed or co		ments or transfer an	y property on ac	count of a debt th	at benefited an
	_	No Yes. List all payments to an insider					
	insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this include creditor	
Par	t 4:	Identify Legal Actions, Repossessi	ons, and Foreclosures				
	List a	in 1 year before you filed for bankru ill such matters, including personal injur contract disputes.					ody modifications,
	_	No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of the ca	3 50
10.		in 1 year before you filed for bankru k all that apply and fill in the details be		erty repossessed, for	eclosed, garnish	ed, attached, seiz	ed, or levied?
		No. Go to line 11. Yes. Fill in the information below.					
	Cred	ditor Name and Address	Describe the Property		Date		Value of the property
			Explain what happene	d			proporty
11.	acco	in 90 days before you filed for banki unts or refuse to make a payment be No		luding a bank or fina	ncial institution,	set off any amou	nts from your
		Yes. Fill in the details.					
	Cred	ditor Name and Address	Describe the action th	e creditor took	Date taken	action was I	Amoun
12.		in 1 year before you filed for bankru t-appointed receiver, a custodian, o		erty in the possessio	n of an assignee	for the benefit of	creditors, a
	_	No Yes					
Par	t 5:	List Certain Gifts and Contribution	s				
13.	_	in 2 years before you filed for bankr No	uptcy, did you give any gift	s with a total value o	f more than \$600	per person?	
		Yes. Fill in the details for each gift. s with a total value of more than \$60 son	0 per Describe the gifts	3	Dates the g	s you gave ifts	Value
		son to Whom You Gave the Gift and lress:					

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Deb	tor 1	Lukowych, Meoika			Case number(if	known)	
		•					
14.		nin 2 years before you filed for banki			ons with a total v	alue of more than \$6	600 to any charity?
		Yes. Fill in the details for each gift or c		•			
	moi Cha	is or contributions to charities that re than \$600 arity's Name dress (Number, Street, City, State and ZIP Coo		Describe what you contributed		Dates you contributed	Value
Par	6:	List Certain Losses					
		iin 1 year before you filed for bankru ambling?	ptcy or s	ince you filed for bankruptcy, did	you lose anythi	ng because of theft,	fire, other disaster,
		No Yes. Fill in the details.					
		scribe the property you lost and v the loss occurred	Include	e any insurance coverage for the the amount that insurance has paid to claims on line 33 ofSchedule A/B	. List pending	Date of your loss	Value of property lost
Part	7:	List Certain Payments or Transfer	s				
	cons	in 1 year before you filed for bankru sulted about seeking bankruptcy or de any attorneys, bankruptcy petition p	preparing	a bankruptcy petition?			y to anyone you
		No					
	⊒	Yes. Fill in the details.					
	_						
	Add Ema	son Who Was Paid Iress ail or website address son Who Made the Payment, if Not \	ou '	Description and value of any pro transferred	perty	Date payment or transfer was made	Amount of payment
	Hel 33	ller & Richmond, Ltd. N Dearborn St Ste 1907 icago, IL 60602-3828		0.00		06/23/18	\$950.00
	pron	nin 1 year before you filed for bankrunised to help you deal with your cre ot include any payment or transfer that	ditors or t	o make payments to your credito		transfer any propert	y to anyone who
		No					
		Yes. Fill in the details.					
		son Who Was Paid fress		Description and value of any pro transferred	perty	Date payment or transfer was made	Amount of payment
	tran: Inclu	in 2 years before you filed for banks sferred in the ordinary course of you de both outright transfers and transfers and transfers that you have already liste No	ı r busine: made as	ss or financial affairs? security (such as the granting of a se	• • •	• •	
		Yes. Fill in the details.					
		son Who Received Transfer Iress		Description and value of property transferred		ny property or received or debts	Date transfer was made
	Per	son's relationship to you			paid in exc	ııaıly u	

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

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De	btor 1	Lukowych, Meoika			Case num	nber(if known)	
	ben	eficiary? (These are often called asset-prote	ection devices.)				
	$\overline{\Box}$	Yes. Fill in the details.					
	Nar	me of trust	Description and	value of the pro	perty trans	ferred	Date Transfer was made
Pa	rt 8:	List of Certain Financial Accounts, Inst	truments, Safe Deposi	t Boxes, and Sto	orage Units		
20.		nin 1 year before you filed for bankruptcy	, were any financial ac	counts or instr	uments held	d in your name, or for y	our benefit, closed,
	Incl	, moved, of dansierred; ude checking, savings, money market, or ses, pension funds, cooperatives, associ				shares in banks, credit	t unions, brokerage
		Yes. Fill in the details.					
		ne of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		ou now have, or did you have within 1 yon, now have, or did you have within 1 yon,	ear before you filed fo	r bankruptcy, ar	ny safe dep	osit box or other depos	itory for securities,
		No Yes. Fill in the details.					
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, and ZIP Code)		Describe	the contents	Do you still have it?
22.	Hav	e you stored property in a storage unit o	r place other than you	r home within 1	year before	you filed for bankrupt	cy?
		No					
		Yes. Fill in the details.					
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, and ZIP Code)		Describe	the contents	Do you still have it?
Pa	rt 9:	Identify Property You Hold or Control	or Someone Else				
23.	•	you hold or control any property that son	neone else owns? Incl	ude any propert	y you borro	owed from, are storing	for, or hold in trust for
	■.	No					
		Yes. Fill in the details.					
		ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Pa	rt 10:	Give Details About Environmental Info	rmation				
For	the p	ourpose of Part 10, the following definition	ns apply:				
		ironmental law means any federal, state,					
	LUXI	c substances, wastes, or material into the	z au, ianu, son, surtaci	a water, ground	water, or ot	ner mealum, including	statutes or regulations

- controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Del	otor 1	Lukowych, Meoika	С	ase number (if known)	
		· · · · · · · · · · · · · · · · · · ·	-		
24.	Has	any governmental unit notified you that	you may be liable or potentially liable unc	der or in violation of an environm	ental law?
		No			
		Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of	any release of hazardous material?		
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or adm	inistrative proceeding under any environ	mental law? Include settlements a	and orders.
		No			
		Yes. Fill in the details.			
		se Title se Number	Court or agency N Name Address (Number, Street, City, State and ZIP Code)	ature of the case	Status of the case
Par	t 11:	Give Details About Your Business or C	Connections to Any Business		
				i the fellowing competions to our	husiness?
21.	AAILI		cy, did you own a business or have any of	•	DUSINESS?
			n a trade, profession, or other activity, eith	·	
		☐ A member of a limited liability compa	any (LLC) or limited liability partnership (L	.LP)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing exe	cutive of a corporation		
		☐ An owner of at least 5% of the voting	or equity securities of a corporation		
		No. None of the above applies. Go to Pa	art 12.		
		Yes. Check all that apply above and fill	in the details below for each business.		
		siness Name	Describe the nature of the business	Employer Identification numb	
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed	number or ITIN.
28.		hin 2 years before you filed for bankrupto itutions, creditors, or other parties.	cy, did you give a financial statement to ar	nyone about your business? Inclu	ıde all financial
		No			
		Yes. Fill in the details below.			
		Me dress mber, Street, City, State and ZIP Code)	Date Issued		
Pa		Sign Below			
true ban	and krupt	correct. I understand that making a false	ancial Affairs and any attachments, and I destatement, concealing property, or obtain 0, or imprisonment for up to 20 years, or b	ning money or property by fraud	
		a Lukowych re of Debtor 1	Signature of Debtor 2		
Dat	:e _	June 23, 2018	Date		

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Debtor 1	Lukowych, Meoika	Case number (if known)
Did you att	tach additional pages to Your Statement of Fina	ancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you pa	y or agree to pay someone who is not an attori	ney to help you fill out bankruptcy forms?
■ No		
☐ Yes. Na	me of Person Attach the Bankruptcy Petiti	on Preparer's Notice, Declaration, and Signature (Official Form 119).

Advance America Cash Advance Centers of IL Inc 446 N. Mannheim Hillside, IL 60162

Adventist Health Partners PO Box 7001 Bolingbrook, IL 60440-7001

Aes/Barclays Bank Plc PO Box 61047 Harrisburg, PA 17106-1047

Aes/Barclays Bank Plc Attn: Bankruptcy Dept PO Box 2461 Harrisburg, PA 17105-2461

Aes/Efs Finance Attn: Bankruptcy PO Box 2461 Harrisburg, PA 17105-2461

American Credit Bureau 2755 S Federal Hwy Boynton Beach, FL 33435-7765

American Credit Bureau, Inc. 1200 N Federal Hwy Ste 200 Boca Raton, FL 33432-2813 American Credit Systems 400 Lake St # 111 Roselle, IL 60172-3574

CBE GROUP 1309 Technology Pkwy Cedar Falls, IA 50613

Cda/Pontiac Attn: Bankruptcy PO Box 213 Streator, IL 61364-0213

COMCAST P O BOX 3002 SOUTHEASTERN, PA 19398-3002

Covergent Outsourcing 800 SW 39th St Renton, WA 98057-4975

Creditors Discount & A 415 E Main St Streator, IL 61364-2927

DIRECT TV P.O. BOX 9001069 LOUSIVILLE, KY 40290 Dish PO Box 94063 Palatine, IL 60094-4063

Dr. Lousi Sanfilippo 1250 W Lake St Ste 16 Addison, IL 60101-5744

DUPAGE Dental Care 206 N Gary Ave Carol Stream, IL 60188-1834

Efs Finance PO Box 61047 Harrisburg, PA 17106-1047

Fingerhut Direct Mrkting 6250 Ridgewood Rd Saint Cloud, MN 56303-0820

First Financial Credit 2942 W Peterson Ave Chicago, IL 60659-3810

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824 First Premier Bank PO Box 5524 Sioux Falls, SD 57117-5524

Fox Valley 3535 E New York St Aurora, IL 60504-4465

GLV, Inc. 579 N Oakhurst Dr Aurora, IL 60502-9080

Jefferson Capital Syst 16 McLeland Rd Saint Cloud, MN 56303-2198

Jefferson Capital Systems, LLC PO Box 1999 Saint Cloud, MN 56302-1999

Meier Clinics 2100 Manchester Rd # 1510 Wheaton, IL 60187-4561

MERCHANTS CREDIT GUIDE 223 W. JACKSON BLVD Chicago, IL 60606

Onemain PO Box 1010 Evansville, IN 47706-1010

Onemain Financial Attn: Bankruptcy 601 NW 2nd St Evansville, IN 47708-1013

Sacred Heart Catholic School 114 S Elizabeth St Lombard, IL 60148-2508

Spirit Martial Arts 322 E Army Trail Rd Glendale Heights, IL 60139-1757

ST. FRANCIS High School 2130 W Roosevelt Rd Wheaton, IL 60187-6085

The Payday Loan Store 1527 W North Ave Melrose Park, IL 60160-1316

US Dept of Ed/Glelsi PO Box 7860 Madison, WI 53707-7860 US Deptartment of Education/Great Lakes Attn: Bankruptcy PO Box 7860 Madison, WI 53707-7860

Westlake Emerg Room Providers 2000 Spring Rd Ste 200 Oak Brook, IL 60523-1956

westlake hospital PO Box 830913 Birmingham, AL 35283-0913

Wheaton Eye Clinic 2015 N Main St Wheaton, IL 60187-3152 Case 18-17922 Doc 1 Filed 06/25/18 Entered 06/25/18 11:09:31 Desc Main Document Page 49 of 56

United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:		Case No.	*** ** ** ** ** ** ** ** ** ** ** ** **
Lukowych, Meoika		Chapter 7	
1	Debtor(s)		
•	ERIFICATION OF CREDIT	OR MATRIX	
		Number of C	reditors 29
The above-named Debtor(s) hereby ver	rifies that the list of creditors is t	true and correct to the best of my (ou	r) knowledge.
Date: June 23, 2018	DIMINE	- Likeupl	,
	Debtor		
	Joint Debtor		

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Fill in this	information to identif	y your case:	The second second second	
Debtor 1	Meoika Lukowych			
D.14. 6	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS, EASTERN DIVISION	
Case number			(
(if known)				Check if this is an amended filing
				•
Official Forr	m 108			
	The second of the second	n for Indiv	iduals Filing Under Chapte	or 7
Statement	of intentio	ii ioi iiiaiv	iddais i illing Onder Onapte	12/15
If you are an individ	dual filing under chap	ter 7, you must fill o	out this form if:	
(<u> </u>	laims secured by you			
You must file this f		hin 30 days after yo	expired. ou file your bankruptcy petition or by the date set folioners to the column for cause. You must also send copies to the column for cause.	
If two married peop		n a joint case, both	are equally responsible for supplying correct info	rmation. Both debtors must sign
	d accurate as possible r name and case num		eeded, attach a separate sheet to this form. On the	top of any additional pages,
Part 1: List You	r Creditors Who Have	Secured Claims		
1 For any creditors	s that you listed in Par	t 1 of Schedule D: (Creditors Who Have Claims Secured by Property (C	Official Form 106D), fill in the
information belo			What do you intend to do with the property that	Did you claim the property
identity the credi	itor and the property th	at is collateral	secures a debt?	as exempt on Schedule C?
Creditor's One	emain		Surrender the property.	■ No
name:			Retain the property and redeem it.	П.V
Description of	2005 Chevrolet Tal	noe 1500	Retain the property and enter into a <i>Reaffirmation</i> Agreement.	☐ Yes
	4WD		Retain the property and [explain]:	
securing debt:				-
Part 2: List You	r Unexpired Personal	Property Leases		
For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).				
Describe your une	expired personal prop	erty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of lease	ed			□ N0
Property:				☐ Yes
Lessor's name:				□ No
Description of lease Property:	ed			☐ Yes
Language viscos				
Lessor's name:				□ No

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

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Debtor 1 Lukowych, Meoika	Case number(if known)
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired Jease.	on about any property of my estate that secures a debt and any personal
Meoika Lukowych Signature of Debtor 1	Signature of Debtor 2
Date June 23, 2018	Date

 $_{B201B\;(Form\;2018)}\textbf{Case}_{12/09}\textbf{8-17922}$

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Document Page 52 of 56 United States Bankruptcy Court

Northern District of Illinois, Eastern Division

IN RE:		Case No.
Lukowych, Meoika		Chapter 7
•	Debtor(s)	1

CERTIFICATION OF NOTIC UNDER § 342(b) OF TH		• /
Certificate of [Non-Attorney] Bankruptcy Petiti	on Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debt notice, as required by § 342(b) of the Bankruptcy Code.	or's petition, hereby ce	ertify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:		Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
x		(Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, principal, respartner whose Social Security number is provided above.	sponsible person, or	-
Certificate	of the Debtor	
I (We), the debtor(s), affirm that I (we) have received and read the	e attached notice, as rec	quired by § 342(b) of the Bankruptcy Code.
Lukowych, Meoika	. X	6/25/2018
Printed Name(s) of Debtor(s)	Signature of Deb	
Case No. (if known)	X Signature of Join	nt Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No.
Lukowych, Meoika Debtor(s)	Chapter 7
CERTIFICATION OF NOTICE TO CONST UNDER § 342(b) OF THE BANKRU	
Certificate of [Non-Attorney] Bankruptcy	Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, her notice, as required by § 342(b) of the Bankruptcy Code.	reby certify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
X Signature of Bankruptcy Petition Preparer of officer, principal, responsible person partner whose Social Security number is provided above.	(Required by 11 U.S.C. § 110.)
Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received and read the attached notice	e, as required by § 342(b) of the Bankruptcy Code.
Lukowych, Meoika Printed Name(s) of Debtor(s) Signature	lake Lukoup e/23/2018 of Debtor Date
Case No. (if known) XSignature	of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Lukowych, Me	oika	<u> </u>			Case No.			
				Debtor(s)	Chapter	7		
	DI	SCI	LOSURE OF COMPE	ENSATION O	F ATTORNE	Y FOR I	DEBTOR		
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) at compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for servi be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:									
	-						950.00	<u>) </u>	
	Prior to the filing	g of t	his statement I have received		S		950.00	<u>) </u>	
	Balance Due					·	0.00	<u>) </u>	
2.	The source of the con	npens	sation paid to me was:						
	Debtor		Other (specify):						
3.	The source of compe	nsatio	on to be paid to me is:						
	Debtor		Other (specify):						
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my la firm.							ciates of my law	
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.								
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:								
t	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 								
6. I	By agreement with th	ne del	otor(s), the above-disclosed fee	e does not include t	he following servic	e:			
CERTIFICATION									
	certify that the foregankruptcy proceeding		is a complete statement of any	y agreement or arra	ngement for payme	ent to me for	representation	of the debtor(s) in	
June 23, 2018					ael R. Richmond	i			
Date				Michael R. Richmond Signature of Attorney					
					Richmond, Ltd	,			
Ì				33 N De	arborn St Ste 19	07			
					Chicago, IL 60602-3828				
				(312) 78 mrichm	31-6700 Fax: (31 ond@hellerrich	(2) 781-673 nond.com	5 2		
				Name of					

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 23rd day of June, 2018 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 Meoika Lukowych (hereinafter referred to as "Client") of Glendale Heights, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

- 1. Professional Legal Services to be Provided.
- A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
 - 1. Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
 - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
 - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
 - 4. Other:
- B. Professional legal services to be provided by "Attorney" to "Client shall not include:
 - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
 - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
 - 3. Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
 - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client" \$950.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars**
 (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -1- secured creditors; (will surrender car)
- b. -*- unsecured creditors; (*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -0- law suits pending against him/her;
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client"s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

1. \$1,345.00 upon the execution of this agreement;

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$1,345.00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

4. Termination of Agreement.

- A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.
- B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to the following:
 - "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct:
 - 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
 - 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

5. "Client" acknowledgment.

- A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.
- B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.
- C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.
- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
 - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" hereby warrants and coverants that he/she has truthinly and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Polition and that it is the responsibility of "Client" to be cortain that this information is all accurately displayed in the actual Bankruptcy Polition at the time "Client" affixes his/her sincornels therein.

** costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

Heller & Richmond, Ltd.

By:

HELLER & RICHMOND, LTD. 33 N. Dearborn Street Suite 1907 Chicago, IL 60602 (312) 781-6700 TAGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT

Meoika Lukowych

By affixing my signature above, I hereby certify that I have not filed any petition for bankruptcy within the past 8 years, except as otherwise noted as follows:

____NONE____

V

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.